



EDUCATION ACHIEVEMENT  
AUTHORITY of Michigan

## **Public School Academy Board Application**

### **Section 1: Personal Information**

*Please neatly print or type the following information:*

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street Number

City, State ZIP

Home Number: (     ) \_\_\_\_\_ - \_\_\_\_\_

Cellular Number: (     ) \_\_\_\_\_ - \_\_\_\_\_

Work Number: (     ) \_\_\_\_\_ - \_\_\_\_\_

Fax Number: (     ) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Are you a United States citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a Michigan resident? Yes \_\_\_\_\_ No \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

Do you have children? If so, what are their ages?

\_\_\_\_\_

Current Employer:

Position/Job Title: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Street Number

\_\_\_\_\_  
City, State ZIP

## **Section 2: School Details**

**Instructions:** The Education Achievement Authority authorizes charter public schools throughout the State of Michigan. Currently, there are **three public school academies** with board vacancies. Please indicate the school or schools you prefer.

Geographic Location: \_\_\_\_\_

Preferred Schools(s): \_\_\_\_\_

If applying for a specific school, do you have children or grandchildren that attend that school?

Yes/No \_\_\_\_\_ Number of children \_\_\_\_\_

## **Section 3: Education History** *(Attach more sheets if necessary)*

### **1. High School**

Institution Name: \_\_\_\_\_

City/State: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

### **2. Undergraduate Institutions (B.A.; B.S.; B.B.A.; etc.)**

Institution Name: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Major: \_\_\_\_\_

Minor: \_\_\_\_\_

Degree Awarded: \_\_\_\_\_

Institution Name: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Major: \_\_\_\_\_

Minor: \_\_\_\_\_

Degree Awarded: \_\_\_\_\_

### **3. Post-Graduate and Professional Institutions (M.A.; M.S.; M.B.A., M.Ed.; Ph.D., J.D., M.D., etc.)**

Institution Name: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Major: \_\_\_\_\_

Minor: \_\_\_\_\_

Degree Awarded: \_\_\_\_\_

Institution Name: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Major: \_\_\_\_\_

Minor: \_\_\_\_\_

Degree Awarded: \_\_\_\_\_

**Section 4: Employment Experience**

*Please list your employment experience for the past 10 years. Please use an additional sheet if necessary*

Employer: \_\_\_\_\_

City/State: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_  
(Month/Year to Month/Year)

Employer: \_\_\_\_\_

City/State: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_  
(Month/Year to Month/Year)

Employer: \_\_\_\_\_

City/State: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_  
(Month/Year to Month/Year)

Employer: \_\_\_\_\_

City/State: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates of Employment:

\_\_\_\_\_  
(Month/Year to Month/Year)

Do you hold any professional licenses? If so, please describe the licenses including the license numbers:

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What special skills could you bring to the public school academy board?

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**Section 5: Additional Qualifications**

*Please answer the following five (5) questions if applicable. Please use a separate sheet if necessary.*

1. Government Experiences: List any experience in, or association with, local, state or federal government (exclusive of elective public office but including advisory, consultative, current or previous appointments, honorary, or other part-time service or position), with dates of service.

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2. Elective Public Office: List all elective public offices sought and held with dates of service.

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3. Honors and Awards: List all scholarships, fellowships, honorary degrees, honorary society memberships, and any other special recognition for outstanding service or achievement.

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4. Volunteer Experiences: List all experience with volunteer organizations and positions held.

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5. Miscellaneous: List any additional points, including special skills that qualify you for this position.

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**Section 6: References (required)**

*Please submit three (3) character references. References must have no familial relation to you, i.e. no blood relatives or relatives by marriage.*

Name: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_

Relationship to you: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_

Relationship to you: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_

Relationship to you: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

**Section 7: Conditions of Appointment**

**Instructions:** The following questions indicate the minimum conditions that must be met in order to be considered for appointment. Please complete the information section by indicating yes or no.

1. Will you be able to attend regularly scheduled board meetings?  
Yes/No \_\_\_\_\_
2. Do you agree to complete six (6) hours of board orientation and development during the first year of your appointment and three (3) hours each year thereafter?  
Yes/No \_\_\_\_\_
3. Do you agree to complete an annual conflict of interest disclosure?  
Yes/No \_\_\_\_\_

### **Section 8: Relationship to the Academy**

**Instructions:** Please complete the following section by indicating yes or no. If you answer “yes” to any of the following questions, please provide an explanation in the space provided.

1. Do or will you or your spouse/partner have any contractual agreements with the school?  
Yes/No \_\_\_\_\_
2. Do or will you, your spouse/partner, or any member of your immediate family have any ownership interest in any educational service provider or any other company contracting with the school?  
Yes/No \_\_\_\_\_
3. Do or will you or your spouse/partner lease or sell property to the school?  
Yes/No \_\_\_\_\_
4. Have you or your spouse/partner guaranteed any loans for the school or loaned it any money?  
Yes/No \_\_\_\_\_
5. Did or will you or your spouse/partner sell any supplies, materials, equipment or other personal property to the school?  
Yes/No \_\_\_\_\_
6. Are or will you, your spouse/partner or any member of your immediate family be employed by the school, its educational service provider or other contractors?  
Yes/No \_\_\_\_\_
7. Did you or your spouse/partner provide any start-up funds to the school?

Yes/No \_\_\_\_\_

8. Does any other individual, board, group or corporation believe it has a right to control or have input on votes you will cast as a member of the school board?  
Yes/No \_\_\_\_\_
9. Do you currently serve as a member of the board of any public school district or charter public other than the board for which you are applying?  
Yes/No \_\_\_\_\_
10. Do you currently serve as public official?  
Yes/No \_\_\_\_\_  
*(If you are being re-nominated to the same charter public school board, and do not serve as a public official in any other capacity, please select “no” as your response.)*
11. To the best of your knowledge, are there situations not described above which may give the appearance of a conflict of interest between you and the school, or which would make it difficult for you to discharge your duties or exercise?  
Yes/No \_\_\_\_\_

### **Section 9: Ethical Issues**

**Instructions:** Please complete the following section by indicating yes or no. If you answer “yes” to any of the following questions, please provide an explanation in the space provided. Use separate sheets if necessary.

1. Have you ever been cited for a breach of ethics for unprofessional conduct, or been named in a complaint to a court, administrative agency, professional association, disciplinary committee, or other professional group?  
Yes/No \_\_\_\_\_
2. Are you presently or have you ever been involved in administrative agency proceedings or civil litigation during the past five years?  
Yes/No \_\_\_\_\_
3. Has any business involving you, your spouse/partner, close family member or close business associate been part of any administrative agency proceedings or civil litigation relevant to the board member position?  
Yes/No \_\_\_\_\_

### **Section 10: Criminal Background Check**

The Education Achievement Authority will perform a criminal records check from local, state and federal law enforcement agencies prior to your appointment. If the report received from these agencies does not match your representation below, appointment to the school board may be voided at the sole discretion of the Education Achievement Authority.

**Instructions:** Complete this section by checking the box beside option 1, 2 and/or 3. If you check option 1 or 2, please provide an explanation.

1. ☐ I have been convicted, pled guilty or nolo contendere (no contest) to one or more crimes.
2. ☐ I am currently charged with one or more crimes.
3. ☐ I have not been convicted, pled guilty, or nolo contendere (no contest) to any crimes, nor am I currently charged with one or more crimes.

### **Section 11: Application Verification**

I recognize that all information submitted with this application or gathered by the Education Achievement Authority as a result of this application becomes a matter of public record, subject by law to disclosure upon request to members of the general public. I will hold the Education Achievement Authority, its directors, officers, employees or authorized agents harmless from liability for the disclosure of any information it reasonably believes is true based upon my representations or resulting from this application process.

I, \_\_\_\_\_, certify that the information provided in this statement is, to the best of my knowledge, true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE: Public School Academy Board Applications  
are subject to public disclosure under the Michigan Freedom of  
Information Act.**

### **Section 12: Personal Background Check Consent**

A criminal records check must be conducted as a condition for appointment as a public official serving on the board of a public school academy authorized by the Education Achievement



Authority ("EAA"). This consent does not authorize nor will the EAA conduct a consumer credit check. Information requested on this page will be used to conduct a criminal records check and will not be used to determine qualifications as a proposed public school academy board member. This page will be removed prior to review of the information contained in the application.

Please print or type the following information:

1. Print or type your full name:

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2. Maiden Names/Previously Used Names:

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3. Current address:

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4. Former address (and dates of residence):

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5. Date of Birth: \_\_\_\_\_

6. Driver's License Number: State \_\_\_\_\_ Number \_\_\_\_\_

7. Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

8. Race: \_\_\_\_\_ White/Caucasian \_\_\_\_\_ Black/African American

\_\_\_\_\_ Hispanic/Latino(a) \_\_\_\_\_ Asian/Pacific Islander

\_\_\_\_\_ American Indian/Alaskan Native

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

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By signing this document I acknowledge receipt of this disclosure and authorize the Education Achievement Authority ("EAA") to obtain a copy of my criminal records report. I consent to the release of information concerning my criminal record, subject to any restrictions that I have included, to the EAA and its legal counsel. I specifically authorize the EAA to conduct a criminal records check on me with the applicable local, state and federal law enforcement agencies.

I will hold the EAA, its directors, officers, employees or authorized agents harmless from liability for the disclosure of any information it reasonable believes is true based upon my representations or resulting from this criminal records check consent process.

By my signature I assert and certify that the information provided is, to the best of my knowledge, true and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_